



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics' Phone: 207-287-4179 Fax: 207-287-6775

Maine States Commission

EXECUTIVE EMPLOYEES 2010 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

Covering the calendar year January 1, 2010 through December 31, 2010.

Please file this statement with the <u>Maine Ethics Commission no later than 5:00 p.m. on April 15, 2011</u>. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations. *Please keep a copy of this form for your records*.

NAME AND CONTACT INFORMATION

Name	Title	
HETER J. ROGERS	DEPUT	430-5161
Department/Agency/Bureau/Division	Work Phor	ne
Defense Veterans i Emergency Mailing Address, City, ZIP CAMP KEYES, AUGUSTA, ME.C.	Management (207)) 430-5/6/
COMO USUSS Andreads	4220	
CHITTP RETES, MUGUSTA, ME.C	54330	
PART 1. INCOME DEF	RIVED FROM EMPLOYMENT BY AND	THER
List the name and address of each employer from whor economic activity of each employer.	m you received compensation of \$1,000 c	or more. Specify the principal type of
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PART 2. INCOME DERIVED I	FROM SELF-EMPLOYMENT OR LAW	PRACTICE
A. List the name and address of your business or law firm derived income. If associated with a partnership, firm, proactivity or practice of that entity.	n, if any, and list the major areas of econor fessional association, or similar business e	mic activity or practice from which you entity, list the major areas of economic
Mone None		e neueric visualemententent bedittiil [1664) agine i Pasini tenari i peritir ur arbitami mandribil impredi si mi ming
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Practice (self)	Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)
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Address:		

PART 2 (continued). INCOME DERIVED FROM	M SELF-EMPLOYMENT	
B. List each source of income derived from self-employment or practice that reprivation to the self-employment or practice that reprivation is greater, and specify the principal type of economic activity of the entity form of disclosure is prohibited by law, rule, or an established code of profession activity of the entity or person from whom the income was derived.	v or person from whom you derived sucr	n income. It this
Name and Address of Source	Principal Type Activity of Entity or the Source of	r Person Who is
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Name:		
Address:	and the state of t	ejant termesi Pjasjas atempiras dementejane († 1111) e.
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Address:		
PART 3. OTHER SOURCES OF	INCOME	# # # # # # # # # # # # # # # # # # #
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form.		e, check the
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Address:		
PART 4. REPORTABLE LIAB	ILITIES	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liabilities, or e made as campaign contributions, or business loans from regulated financial institutions.	educational loans, loans from a relative,	nd list the majo loans that wer
None		
Name and Address of Creditor	Principal Type Activity of	
Name:		ment of the specifications of the contract of
Address:		
Name:		
Address:		
PART 5. REPORTABLE GI	IFTS	
List the specific source of gifts received during the reporting period with an aggrega	ite value of more than \$300. If none, che	eck the box.
X None	Handanaka, mengampan SA Peliphahanapha Pamara Pgarim, A Samurak penjidah danimir badah kali peleba pirangal dahijan Jamaha bada kelah pelebah pelebah bada bada pelebah pelebah bada bada pelebah pelebah bada bada pelebah pelebah bada bada pelebah bada bada pelebah pelebah bada bada pelebah bada pelebah bada berapa pelebah bada pelebah bada pelebah berapa pelebah bera	
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PART 6.	REPORTABLE HO	NORARIA	e da le l'ajection	
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None	وريان وروان وران وران وران المعاري والمساور والسياسية والمساورة والمراز والمساورة والمراز والمساورة	ng timungan ng trigum tinut na trinin ng tring a maty pagat tring timungang kanagang ka	antidos de 1880 e 1	dia kaominina kaominina dia 2008–2008.
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PART 7. REPRESE List each executive branch agency before which you compensation of any amount other than your official sale none, check the box.	or a member of yo	our immediate fa	mily represented or a	
None		uruni adad kutu Kraronikka 10 ar 2 tururun 1000 an 20 an 20 an 20	CONTRACT - WAS ARRESTED AND ARREST AR	
Name of Agency			Name of Agency	
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PART 8. BUS	SINESS WITH STA	TE AGENCIES		
List each executive branch agency to which you or a me \$1,000 during the reporting period. Indicate whether you or None	mber of your immedia or a family member so	ate family sold go ld the goods or se	ods or services with a prices. If none, check	value in excess of the box.
Name of Agency	ANIMATEUR PERKEPERANTAIN ANN ANN ANN AN ANIMAN AN A	line of the section of the state of the section of	Vame of Agency	A SANG AND MINISTER AND
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PART 9. INCOME RECEI	VED BY MEMBER:	S OF IMMEDIA	TE FAMILY	
List the type of economic activity representing each source dependent child(ren) during the reporting period and the key or more of income, list his or her name and job title. List Do not include gifts.	aind of income represe	ented. If your spo	ouse or domestic partn	er received \$1,000
Name of Spouse or Domestic Partner and Job Title	Representing	conomic Activity Source of Income eceived	e Kind o	of Income
Name: KR, STINC C. ROGERS	1. NURS	e RN	1. Employ	ment
Name: KRISTINE C. ROGERS Job Title: Director of Nursing Services	2. 3		2. 3.	
Dependent Child(ren) - Job Titles Only		and the second section of section and section is a second section of the second section of the s	**************************************	
Job Title:	est de la tradició himina en esca, a estan este antimente, estretam en trasferiorist	eta erakun eta erakun dera derak dari barrar derakun erakun erakun erakun eta erakun eta erakun erakun erakun	er andre ett men af dette er tree et an en men, er grennen en med en et andre græfensje et de en met	te enne et tre en entre tre en tre tre en tre en
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		ART 10. OFFICE				<u> </u>
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None						
	Organization/Business and Address		Title	Position Held By:	Family Member's Name	Compen- sated?
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